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## \*BIBDATASHEET\*

CONFIRMATION NO. 4336

Bib Data Sheet

SERIAL NUMBER 10/684,735	FILING DATE 10/14/2003  RULE	CLASS 548	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. 18015-D4
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/167,839 06/12/2002  
 which claims benefit of 60/297,282 06/12/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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TITLE

Compounds for the treatment of metabolic disorders

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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